PATENT	APPLICATION
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10013062-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

patent is sought on the	names inventio	are listed below Lot the	subject matter w	d below) or an original, first and hich is claimed and for which a
		tached hereto unless the		
() was filed on Number	and w	as US Applica vas amended on	ation Serial No. or F	PCT International Application applicable).
I hereby state that I hincluding the claims, a	nave rev as ameno	iewed and understood	the contents of th	e above-identified specification,
Foreign Application(s) and/or		-		
inventor(s) certificate listed i	below and	under Title 35, United State have also identified below any non which priority is claimed:	v foreign application for	any foreign application(s) for patent or patent or inventor(s) certificate having a
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
				YES. NO:
				YES: NO:
Provisional Application	ndor Title	35 Haltad States Code Coet	ion 440/a) of any tinite	d Shakara and the same of the
below:	nuci inic	55, Office States Code Sect	ion ingle) or any Unite	ed States provisional application(s) listed
	AP	LICATION SERIAL NUMBER	FILING DATE	
insofar as the subject matter manner provided by the first information as defined in Tit	r of each of t paragraph le 37, Cod	of the claims of this applicati n of Title 35, United States (on is not disclosed in ti Code Section 112, I act tion 1.56(a) which occu	I States application(s) listed below and, ne prior United States application in the knowledge the duty to disclose material arred between the filling date of the prior
APPLICATION SERIAL NUME	P	FILING DATE	STAŢUS	(patented/pending/abandoned)
POWER OF ATTORNEY: As a named inventor, I her business in the Patent and Tr	reby appoi rademark (nt the following attorney(s) Office connected therewith:	and/or agent(s) to pros	secute this application and transact all
Customer	Number	022879	Place Customer Number Bar Gode Läbel here	
Send Correspondence to:			Direct Telephon	e Calls To:
HEWLETT-PACKARD CO Intellectual Property Adm			Robert C. Maye	s
P.O. Box 272400 Fort Collins, Colorado 80)527 - 2400	.	(208) 396-3047	,
made on information ar the knowledge that wi or both, under Section	nd belief llful false 1001 of	f are believed to be true; a statements and the lik	and further that the e so made are pun States Code and the	are true and that all statements lese statements were made with ishable by fine or imprisonment, nat such willful false statements
Full Name of Inventor: Kev	rin David	Eld	Citizenship: U	S. Citizen
Residence: 19	36 E SI	ummercove Dr., Meridiai	n, ID 83642	
Post Office Address: Sa	me As A	bove		
Kevmi Da	ruel	Olf	4-3	27 -2001
Inventor's Signature			Date	- 1

DECLARATION AND F	POWER OF ATTORNEY
FOR PATENT APPLICA	ATION (continued)

ATTORNEY DOCKET NO. 10013062-1

Residence: Post Office Address;	2529 E Meadow Wood Ct., Meric	dian, ID	83642	
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1 031 011100 3001033	Same As Above			,
		04	127/01	
Inventor's Signature		Date		
Full Name of # 3 joint inventor	Gregory Robert Thayer		Clttzenship: U.S. Citizen	
Residence:	893 N. Echohawk Way, Eagle, ID	83616	·	
Post Office Address:,	Same As Above			
Inventor's Signature	93 Pm	4	1/27/01	
IIIAAIIKOI 2 2IÄIITKIIA		Date	1	
			•	
Full Name of # 4 joint inventor			Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Ū		Date		
Full Momo of # 5 Jalus involves			O'th Transaction	
Full Name of # 5 Joint inventor			Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 6 joint inventor	=		Citizenship:	
Residence:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Post Office Address:				
	N Annual Control of the Control of t			
Inventor's Signature		Date		
Full Name of # 7 joint inventor	:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 8 Joint Inventor	T		Citizenship:	
Residence:				
Post Office Address:				